



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Michigan, Inc.

NAIC Group Code	00936	(Current Period)	,	00936	(Prior Period)	NAIC Company Code	15104	Employer's ID Number	46-0906893
Organized under the Laws of	Michigan					State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []				
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization [X]				
	Other []		Is HMO, Federally Qualified? Yes [] No [X]						
Incorporated/Organized	08/15/2012		Commenced Business		04/17/2013				
Statutory Home Office	200 Stevens Drive				Philadelphia, PA, US 19113				
	(Street and Number)				(City or Town, State, Country and Zip Code)				
Main Administrative Office	200 Stevens Drive								
	(Street and Number)								
	Phliadelphia, PA, US 19113				215-937-8000				
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)				
Mail Address	200 Stevens Drive				Phliadelphia, PA, US 19113				
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	200 Stevens Drive								
	(Street and Number)								
	Phliadelphia, PA, US 19113				215-937-8000				
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)				
Internet Web Site Address	N/A								
Statutory Statement Contact	Colleen Jeanette McCabe				215-863-5582				
	(Name)				(Area Code) (Telephone Number) (Extension)				
	cmccabe@amerihealthcaritas.com				215-937-5349				
	(E-Mail Address)				(Fax Number)				

OFFICERS

Name	Title	Name	Title
John Williamson Baackes #	President	Sharon Lynn Alexander Keilly #	Vice President
Steven Harvey Bohner #	Vice President & Treasurer	Robert Howard Gilman Esquire #	Vice President & Secretary

OTHER OFFICERS

Todd Adam Borow #	Assistant Secretary
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DIRECTORS OR TRUSTEES

Michael Abdul Rashid #	Anne Morrissey Morrissey #	Steven Harvey Bohner #
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State ofPennsylvania.....
County ofDelaware.....
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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

John Williamson Baackes President	Robert Howard Gilman, Esquire Vice President & Secretary	Steven Harvey Bohner Vice President & Treasurer
Subscribed and sworn to before me this _____ day of _____ February, 2014		a. Is this an original filing? Yes [X] No [] b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____
Altyne Bowe, Notary Public December 30, 2014		

Exhibit 2 - A&H Premiums Due and Unpaid

NONE

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

Exhibit 4 - Claims Unpaid

NONE

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

Exhibit 7 - Part 1

NONE

Exhibit 7 - Part 2

NONE

Exhibit 8

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,620,884		1,620,884
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	0		0
6. Total assets (Line 28)	1,620,884	0	1,620,884
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	0	0	0
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	22,500		22,500
15. Total liabilities (Line 24).....	22,500	0	22,500
16. Total capital and surplus (Line 33).....	1,598,384	XXX	1,598,384
17. Total liabilities, capital and surplus (Line 34)	1,620,884	0	1,620,884
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP .....						.0
57. Canada	CAN .....						.0
58. Aggregate Other Alien	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00936.....	Independence Blue Cross.....	54704.....	23-0370270.....				Independence Blue Cross.....	PA.....	UIP.....					
00936.....	Independence Blue Cross.....	00000.....	45-3672640.....				IBC MH LLC (53%) (See BMH LLC on Page 16.1)	DE.....	UIP.....	Independence Blue Cross.....	Ownership.....	53.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	22-2724721.....				IBC/HBS Caring Foundation For Children (50%) InsPro Technologies Corp (f/k/a Health Benefits Direct Corp.) (30.2%)	PA.....	OTH.....	Independence Blue Cross.....	Board.....	0.0.....	Independence Blue Cross.....	1.....
00936.....	Independence Blue Cross.....	00000.....	98-0438502.....				Independence Blue Cross Foundation.....	DE.....	NIA.....	Independence Blue Cross.....	Ownership.....	30.2.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	36-4685801.....				Inter-County Health Plan, Inc. (50%)	PA.....	OTH.....	Independence Blue Cross.....	Board.....	0.0.....	Independence Blue Cross.....	1.....
00936.....	Independence Blue Cross.....	53252.....	23-2063810.....				Inter-County Hospitalization Plan, Inc. (50%)	PA.....	IA.....	Independence Blue Cross.....	Ownership.....	50.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	54763.....	23-0724427.....				Preferred Health Systems, Incorporated.....	PA.....	IA.....	Independence Blue Cross.....	Ownership.....	50.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2219720.....					PA.....	NIA.....	Inter-county Hospitalization Plan, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2425461.....				AmeriHealth, Inc.....	PA.....	UIP.....	Independence Blue Cross.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2521508.....				AmeriHealth Administrators, Inc.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	13-3155962.....				Self Funded Benefits, Inc.....	NJ.....	NIA.....	AmeriHealth Administrators, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	98-0426648.....				AmeriHealth Assurance, Ltd.....	BMU.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	10975.....	06-1505051.....				AmeriHealth Casualty Insurance Company.....	DE.....	IA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	60061.....	22-3338404.....				AmeriHealth Insurance Company of New Jersey.....	NJ.....	IA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	95794.....	51-0296135.....				Healthcare Delaware, Inc.....	DE.....	IA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2671650.....				Independence Healthcare Management, Inc.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	60254.....	23-2865349.....				Independence Insurance, Inc.....	DE.....	IA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	90-0799945.....				3BE Holdings, LLC.....	DE.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	29.2.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	04-3355932.....				NaviNet.....	DE.....	NIA.....	3BE Holdings, LLC.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	12812.....	30-0326654.....				Region 6 Rx Corp.....	PA.....	IA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2800586.....				The AmeriHealth Agency, Inc.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	25-1686685.....				CompServices, Inc.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	25-1765486.....				CSI Services, Inc.....	PA.....	NIA.....	CompServices, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2982367.....				Independence Holdings, Inc.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Blue Cross.....	

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00936.....	Independence Blue Cross.....	00000.....	66-0195325.....				PRHP, Inc.....	..PR.....	..NIA.....	Independence Holdings, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2795357.....				AmeriHealth Services, Inc.....	..PA.....	..NIA.....	AmeriHealth, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	27-4534612.....				Brandywine 1919 Ventures (50%).....	..DE.....	..NIA.....	AmeriHealth Services, Inc.....	Ownership.....	.....50.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2824200.....				NS Assisted Living Communities, Inc.....	..PA.....	..NIA.....	AmeriHealth Services, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	93688.....	23-2184623.....				QCC Insurance Company.....	..PA.....	..IA.....	AmeriHealth, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	45-3672640.....				IBC MH LLC (23.5%) (See BMH LLC on Page 16.1).....	..DE.....	..UIP.....	QCC Insurance Company.....	Ownership.....	.....23.5	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	81-0681081.....				Veridign Health Solutions, LLC.....	..PA.....	..NIA.....	QCC Insurance Company.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	27-0204996.....				International Plan Solutions, LLC (38.2%).....	..DE.....	..NIA.....	QCC Insurance Company.....	Ownership.....	.....38.2	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2903313.....				Highway to Health, Inc.....	..DE.....	..NIA.....	International Plan Solutions, LLC.....	Ownership.....	.....34.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	54-1867679.....				Worldwide Insurance Services, Inc.....	..VA.....	..NIA.....	Highway to Health, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	98-0408753.....				HTH Re, Ltd.....	..BMU.....	..NIA.....	Highway to Health, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2317715.....				AmeriHealth Integrated Benefits, Inc.....	..DE.....	..NIA.....	AmeriHealth, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	95044.....	23-2314460.....				AmeriHealth HMO, Inc.....	..PA.....	..IA.....	AmeriHealth Integrated Benefits, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2754696.....				AmeriHealth Integrated Case Management, Inc.....	..PA.....	..NIA.....	AmeriHealth HMO, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	96660.....	23-2408039.....				Vista Health Plan, Inc.....	..PA.....	..IA.....	AmeriHealth HMO, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	95056.....	23-2405376.....				Keystone Health Plan East, Inc.....	..PA.....	..IA.....	AmeriHealth HMO, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	45-3672640.....				IBC MH LLC (23.5%) (See BMH LLC on Page 16.1).....	..DE.....	..UIP.....	Keystone Health Plan East, Inc.....	Ownership.....	.....23.5	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2864737.....				Keystone Benefits, Inc.....	..PA.....	..NIA.....	Keystone Health Plan East, Inc.....	Ownership.....	.....100.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	23-2944969.....				KMHP Holding Company, Inc.....	..PA.....	..NIA.....	Keystone Benefits, Inc.....	Ownership.....	.....50.0	Independence Blue Cross.....	
00936.....	Independence Blue Cross.....	00000.....	30-0703311.....				BMH LLC (61.3%).....	..DE.....	..UIP.....	IBC MH LLC.....	Ownership.....61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth Michigan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00936.....	Independence Blue Cross.....	00000.....	45-5415725.....				AmeriHealth Caritas Services LLC.....	DE.....	NIA.....	BMH LLC.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	30-0703311.....				BMH SUBCO I LLC.....	DE.....	UIP.....	BMH LLC.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	23-2842344.....				Keystone Family Health Plan.....	PA.....	NIA.....	BMH Subco I, LLC.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	23-2859523.....				AmeriHealth Caritas Health Plan.....	PA.....	UDP.....	BMH Subco I, LLC.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	14143.....	27-3575066.....				AmeriHealth Caritas Louisiana, Inc.....	LA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	95458.....	57-1032456.....				Select Health of South Carolina, Inc.....	SC.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	14692.....	20-2467931.....				AmeriHealth Caritas Georgia, Inc.....	GA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	77-0632420.....				Shore Points AmeriHealth Mercy of Louisiana, LLC.....	LA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	

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PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00936.....	Independence Blue Cross.....	00000.....	45-4244113.....				AmeriHealth Northeast, LLC.....	PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	30.6	Independence Blue Cross / BlueCross BlueShield of Michigan/BlueCross / BlueShield of Northeastern Pennsylvania.....	
00936.....	Independence Blue Cross.....	15088.....	46-1480213.....				AmeriHealth District of Columbia, Inc.....	DC.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	20-4948091.....				AmeriHealth Mercy of Indiana, LLC.....	IN.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	27-0863878.....				PerformRx, LLC.....	PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	26-1809217.....				PerformRx IPA of NY, LLC.....	NY.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	14261.....	45-3790685.....				AmeriHealth Nebraska, Inc.....	NE.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	42.9	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Nebraska.....	

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00936.....	Independence Blue Cross.....	14378.....	45-4088232.....				Florida True Health, Inc.....	FL.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	30.6	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida.....	
00936.....	Independence Blue Cross.....	00000.....	45-0563075.....				Prestige Health Choice, L.L.C.....	FL.....	NIA.....	Florida True Health, Inc.....	Ownership.....	12.3	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida / Prestige Health Choice.....	
00936.....	Independence Blue Cross.....	00000.....	61-1720226.....				Prestige MSO, LLC.....	FL.....	NIA.....	Florida True Health, Inc.....	Ownership.....	15.6	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida / Prestige Health Choice.....	
00936.....	Independence Blue Cross.....	15104.....	46-0906893.....				AmeriHealth Michigan, Inc.....	MI.....	RE.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	26-1144363.....				AMHP Holdings Corp.....	PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	25-1765391.....				Community Behavioral Healthcare Network of Pennsylvania, Inc.....	PA.....	NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00936.....	Independence Blue Cross.....	13630.....	26-0885397.....				CBHNP Services, Inc.....	PA.....	IA.....	Community Behavioral Healthcare Network of Pennsylvania, Inc.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	46-4191591.....				Regence AmeriHealth Caritas, Inc.....	WA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	30.6	Independence Blue Cross / BlueCross BlueShield of Michigan/Regence Blue Shield.....	
00936.....	Independence Blue Cross.....	00000.....	80-0768643.....				BMH SUBCO II LLC.....	DE.....	UIP.....	BMH LLC.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	23-2842344.....				Keystone Family Health Plan.....	PA.....	NIA.....	BMH Subco II, LLC.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	23-2859523.....				AmeriHealth Caritas Health Plan.....	PA.....	UDP.....	BMH Subco II, LLC.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	14143.....	27-3575066.....				AmeriHealth Caritas Louisiana, Inc.....	LA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	95458.....	57-1032456.....				Select Health of South Carolina, Inc.....	SC.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	14692.....	20-2467931.....				AmeriHealth Caritas Georgia, Inc.....	GA.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00936.....	Independence Blue Cross.....	00000.....	77-0632420.....				Shore Points AmeriHealth Mercy of Louisiana, LLC.....	LA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	45-4244113.....				AmeriHealth Northeast, LLC.....	PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	30.6	Independence Blue Cross / BlueCross BlueShield of Michigan/BlueCross / BlueShield of Northeastern Pennsylvania.....	
00936.....	Independence Blue Cross.....	15088.....	46-1480213.....				AmeriHealth District of Columbia, Inc.....	DC.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	20-4948091.....				AmeriHealth Mercy of Indiana, LLC.....	IN.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	27-0863878.....				PerformRx, LLC.....	PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	26-1809217.....				PerformRx IPA of NY, LLC.....	NY.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	14261.....	45-3790685.....				AmeriHealth Nebraska, Inc.....	NE.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	42.9	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Nebraska.....	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth Michigan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00936.....	Independence Blue Cross.....	14378.....	45-4088232.....				Florida True Health, Inc.....	FL.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	30.6	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida.....	
00936.....	Independence Blue Cross.....	00000.....	45-0563075.....				Prestige Health Choice, L.L.C.....	FL.....	NIA.....	Florida True Health, Inc.....	Ownership.....	12.3	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida / Prestige Health Choice.....	
00936.....	Independence Blue Cross.....	00000.....	61-1720226.....				Prestige MSO, LLC.....	FL.....	NIA.....	Florida True Health, Inc.....	Ownership.....	15.6	Independence Blue Cross / BlueCross BlueShield of Michigan / BlueCross BlueShield of Florida / Prestige Health Choice.....	
00936.....	Independence Blue Cross.....	15104.....	46-0906893.....				AmeriHealth Michigan, Inc.....	MI.....	RE.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	26-1144363.....				AMHP Holdings Corp.....	PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	
00936.....	Independence Blue Cross.....	00000.....	25-1765391.....				Community Behavioral Healthcare Network of Pennsylvania, Inc.....	PA.....	NIA.....	AMHP Hodlings Corp.....	Ownership.....	61.3	Independence Blue Cross / BlueCross BlueShield of Michigan.....	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth Michigan, Inc.

SCHEDULE Y

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

Asterisk	Explanation
1	Charity.....

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....SEE EXPLANATION.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
14.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
15.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
17.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
20.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

21.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
22.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
23.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....
24.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....NO.....
25.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....NO.....

AUGUST FILING

26.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....NO.....

Explanation:

1. No compensation paid to directors, officers or employees of the entity for the year ended December 31, 2013

7. No members were enrolled with the Company as of December 31, 2013.

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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